

FILED DEC 13 1944

3053

137

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Phelps  
(b) City or town Rolla  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Nelle McFarland Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 Months  
(Specify whether years, months or days) years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps  
(c) City or town Rolla  
(If outside city or town limits, write "RURAL")  
(d) Street No. 302 W. 4th St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Josephine Diehl

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Geo. B. Diehl 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Jan. 29 - 1866  
(Month) (Day) (Year)

8. AGE: Years 78 Months 9 Days 13 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Marion Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Homemaker

11. Industry or business \_\_\_\_\_

12. Name Unknown  
13. Birthplace " Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Martha Ann Dill  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Lee Blackwell  
(b) Address Rolla, Mo.

17. (a) Burial (b) Date thereof 11-14-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kanner Cemetery

18. (a) Signature of funeral director Edward J. Smith

(b) Address Rolla, Mo.

19. (a) 11-12-44 (b) Lee Blackwell  
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month Nov. day 12  
year 1944 hour 12:01 minute \_\_\_\_\_ A.M. \_\_\_\_\_

21. I hereby certify that I attended the deceased from Aug. 20, 1944, to Nov. 12, 1944,  
that I last saw her alive on Nov. 12, 1944  
and that death occurred on the date and hour stated above.  
Immediate cause of death Carcinoma of uterus. Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) 48 hr.

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Josephine Diehl (M.D. or other) \_\_\_\_\_  
Address Rolla, Mo. Date signed 11/13/44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1092

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed *James Wallace*  
Licensed Embalmer No. 3643  
P. O. Address Cuba, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**